

PLACE OF BIRTH

1. County of Gila
 District of _____
 Town of Miami
 or _____
 City of _____ No. _____ St. _____ Ward _____

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 181
 County Registrar No. 916
 Local Registrar No. _____

2. Full name of child Oscar Gamez (If birth occurred in a hospital or institution, give its NAME instead of street and number)
 { If child is not yet named, make supplemental report, as directed.

3. Sex of Child Male To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 6. Legitimate? yes 7. Date of birth Nov. 24, 1923
 Month Day Year

8. FATHER
 Full name Esteban Gamez
 9. Residence (Usual place of abode) Miami
 If non-resident, give place and state. Arizona
 10. Color or race Mex
 11. Age at last birthday 35 (Years)

14. MOTHER
 Full maiden name Urbina Malvanera
 15. Residence (Usual place of abode) Miami
 If non-resident, give place and state. Arizona
 16. Color or race Mex.
 17. Age at last birthday 32 (Years)

12. Birthplace (city or place) Sonora
 (State or country) Mex.
 13. Occupation Miner
 Nature of industry Mining

18. Birthplace (city or place) Sonora
 (State or country) Mex.
 19. Occupation Housewife
 Nature of industry Housewife

20. Number of children of this mother { (a) Born alive and now living 10
 (b) Born alive but now dead _____
 (c) Stillborn _____
 (Taken as of time of birth of child herein certified and including this child.) 21. Were precautions taken against ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born at 6 A. m. on the date above stated
 (Born alive or stillborn.)

{ *When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.
 Signature Cyril M. Brown M.D. (Physician or midwife).
 Address Miami, Arizona

Given name added from a supplemental report. Nov 23, 1926 E. E. Davis
 Month, day, year Local Registrar.

Registrar

Filed _____, 19 _____

County Registrar.

679-1124-441